

Name

in
Full

Allean Bishop

CERTIFICATE OF DEATH

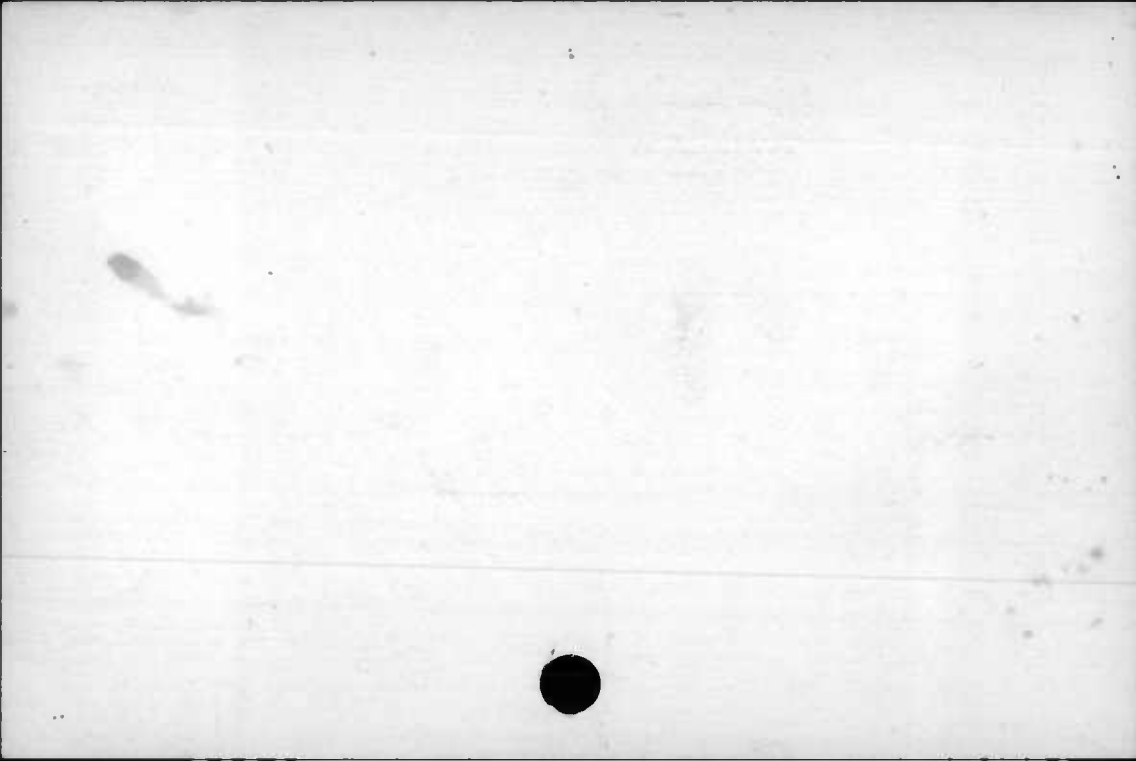
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town		County		MARYLAND	
Date of death <i>1901</i>		Month <i>Aug</i>		Day <i>13</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Snow Hill</i>		Months <i>7</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>		Days <i>2 week</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Levin Bishop</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>May E Bishop</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>May E Bishop</i>		How related to deceased <i>mother</i>					

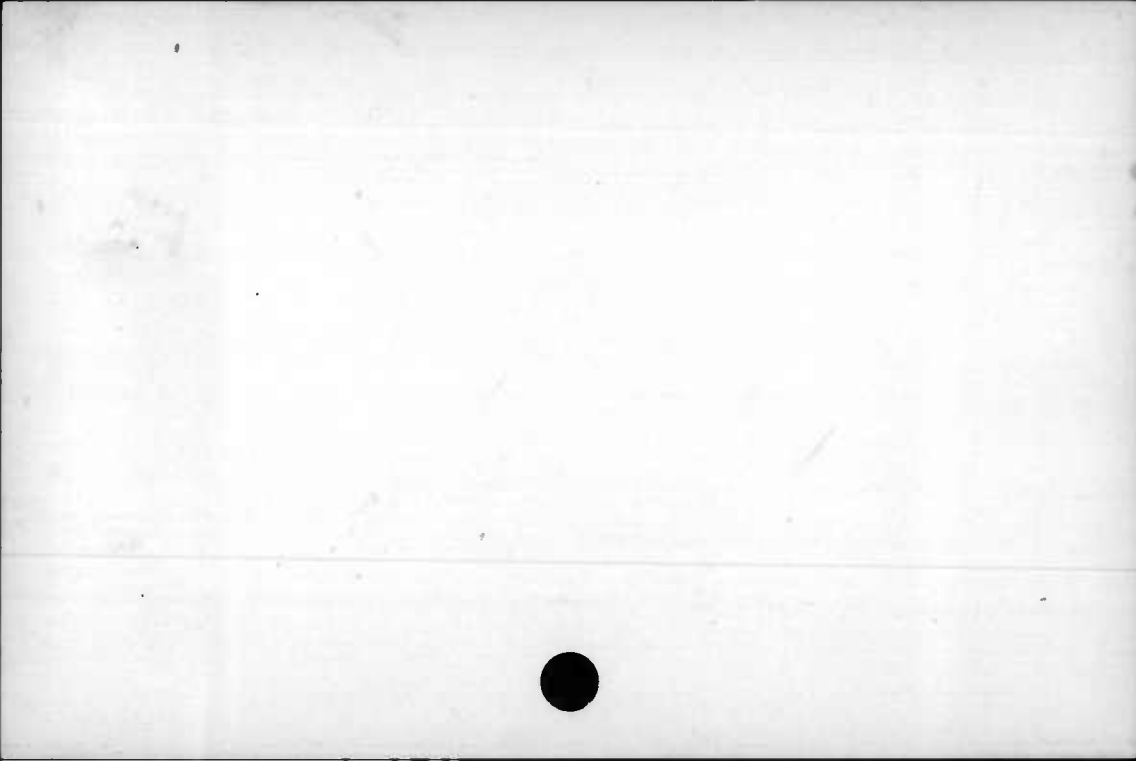
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Boil Trouble</i>	How long	<i>4 weeks</i>
Immediate		How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. S. Williams</i>	
		Address	
Accident or Suicide?			



Name in Full		Anne B Cottman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death 1905-		Month	Day	Age	Years
		Sex		Color or Race	Birth-place	Months	Days
		Married, Single		Occupation			
		and Widowed					
		Name of Wife or Husband					
		Father's Name		Sidney Cottman		Father's Birthplace	
		Mother's Maiden Name		Effie Gunkley		Mother's Birthplace	
		Name of person giving information		Jno Maudslayi		How related to deceased	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		Typhoid fever		How long	
		Immediate		Coma		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
						Address	
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

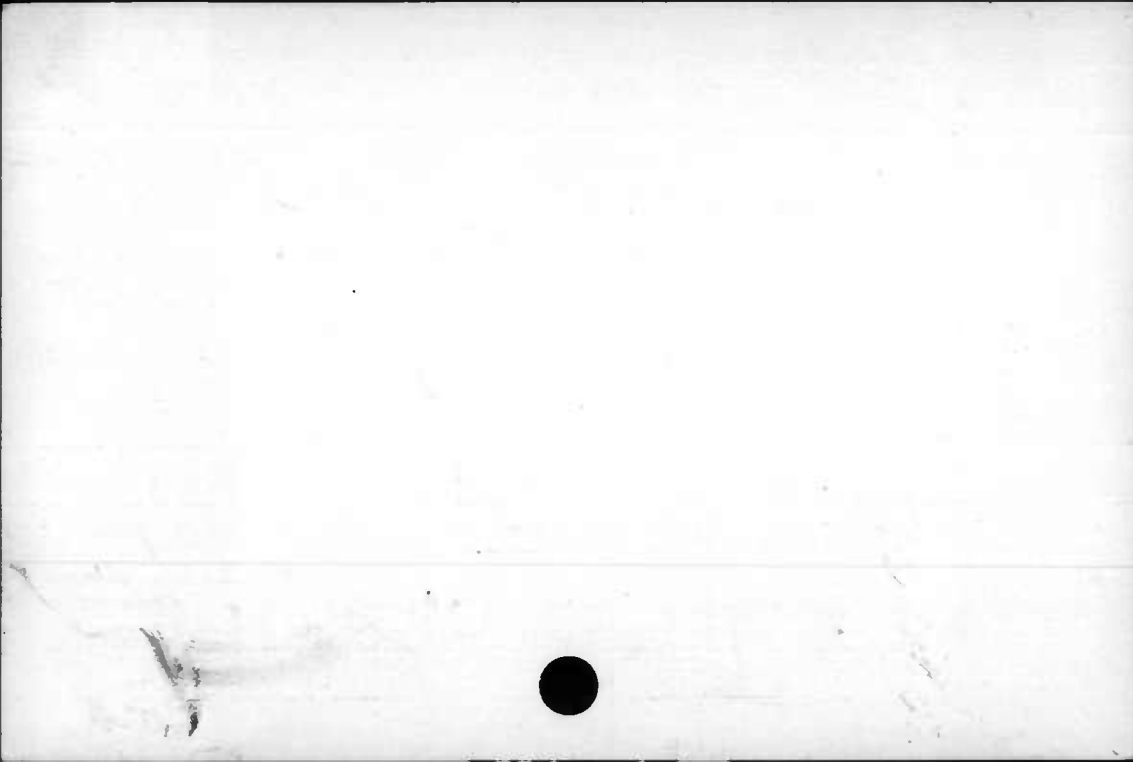
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth W. Davis</i>		Town <i>Whaleyville</i>		County <i>Worcester</i>		MAYLAND	
Died at <i>Whaleyville</i>		Date of death 1905 <i>Aug</i>		Day <i>28</i>		Months <i>-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>62</i>		Years <i>-</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Teacher</i>		Birth-place <i>Maryland</i>		Days <i>-</i>	
Name of Wife or Husband <i>None</i>							
Father's Name <i>Peter L. Davis</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary W. Cary</i>				Mother's Birthplace <i>-</i>			
Name of person giving information <i>Parister Watson</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Failure</i>	How long	<i>172</i>
Immediate	<i>Yes</i>	How long	<i>172</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. P. Collins</i>	
		Address <i>Bishopville Md</i>	
Accident or Suicide?			



Name
in
Full

Angian Dennis Child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barre, Vermont ^{Town} Barre ^{County} Washington **MARYLAND**

Date of death 1905 ^{Month} August ^{Day} 4 ^{Years} 1 ^{Months} 9 ^{Days}

Sex Male Color or Race white Birth-place Maryland

Occupation _____ Where Residing if not at place of death _____

☐ Married, Single
☐ Widowed

Name of Wife or Husband

Father's Name

Eugene Dennis

Father's Birthplace

Maryland

Mother's Maiden Name

Florence Thallam

Mother's Birthplace

Maryland

Name of person giving information

Thallam Leonard

How related to deceased

None

CAUSES OF DEATH

Primary

Cholera Infantum

How long

3 days

Immediate

Meningitis

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

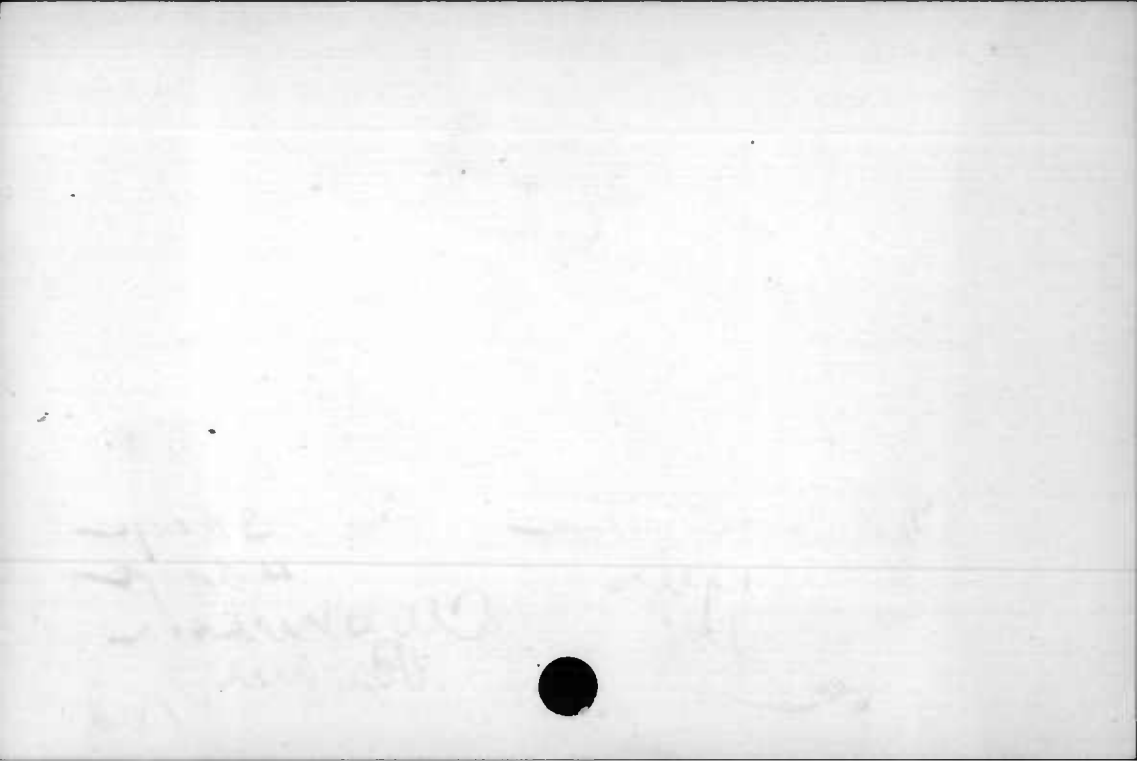
C. D. Drickson

Address

Barre

Vt

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill Md</i>		Town <i>Worcester</i>		County	
Date of death <i>1905</i>	Month <i>Aug.</i>	Day <i>10</i>	Age <i>75</i>	Years <i>6</i>	Months <i>16</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>retired farmer</i>			Where Residing if not at place of death <i>Snow Hill</i>		
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband _____			
Father's Name _____			Father's Birthplace _____		
Mother's Maiden Name _____			Mother's Birthplace _____		
Name of person giving information <i>Pectinan Dryden</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>3 months</i>
Immediate <i>Heart Failure</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jno. D. Dryden</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Box 900* Town *Worcester*

County

Date of death *1905* Month *Aug* Day *16* Age *5* Years Months *5* Days *14*Sex *male* Color or Race *white* Birth-placeOccupation *none* Where Residing if not at place of death *same*

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Columbus Figgio*

Father's Birthplace

Mother's Maiden Name *Sarah Lynch*

Mother's Birthplace

Name of person giving information *Fassio Figgio*How related to deceased *grand father*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Rachel A. Gault

CERTIFICATE OF DEATH

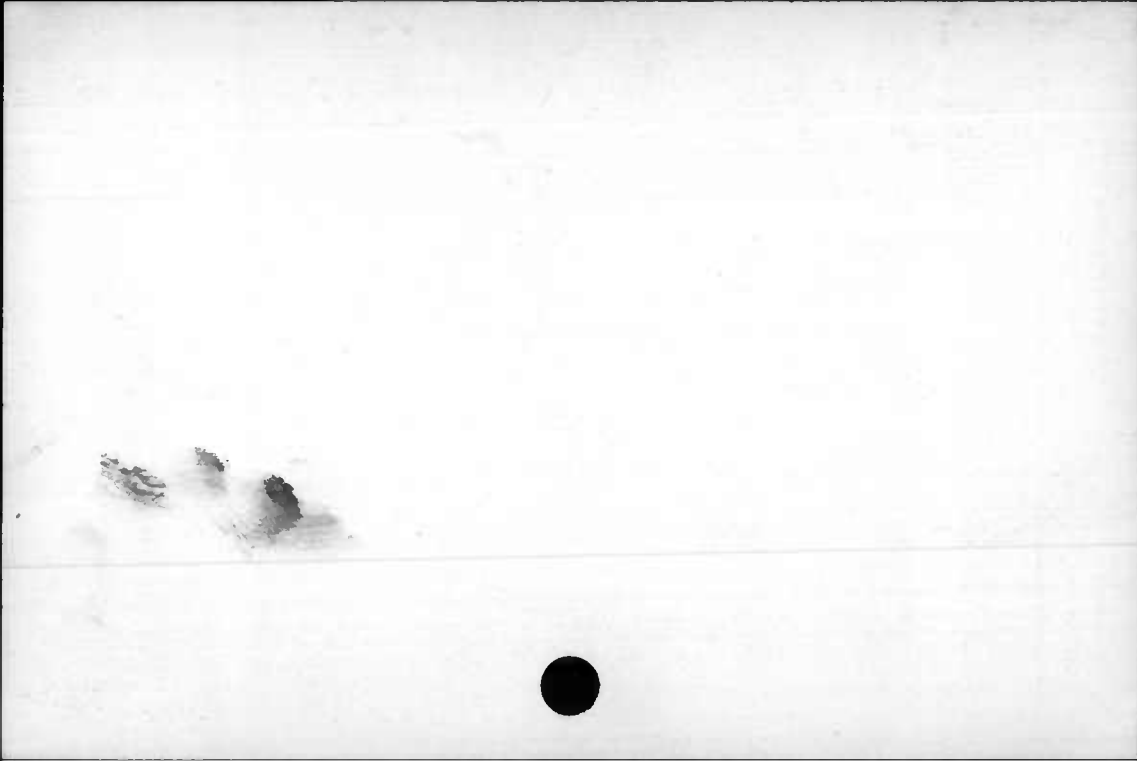
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1904</i>		Month <i>8</i>	Day <i>9</i>	Age <i>80</i>	Years <i>80</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Wm Gault</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Charlotte</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Calvin Evans</i>		How related to deceased <i>"</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>14</i>
Immediate <i>Spontaneous</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Dickinson</i>
	Address <i>Berlin Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Stephen Grey

CERTIFICATE OF DEATH

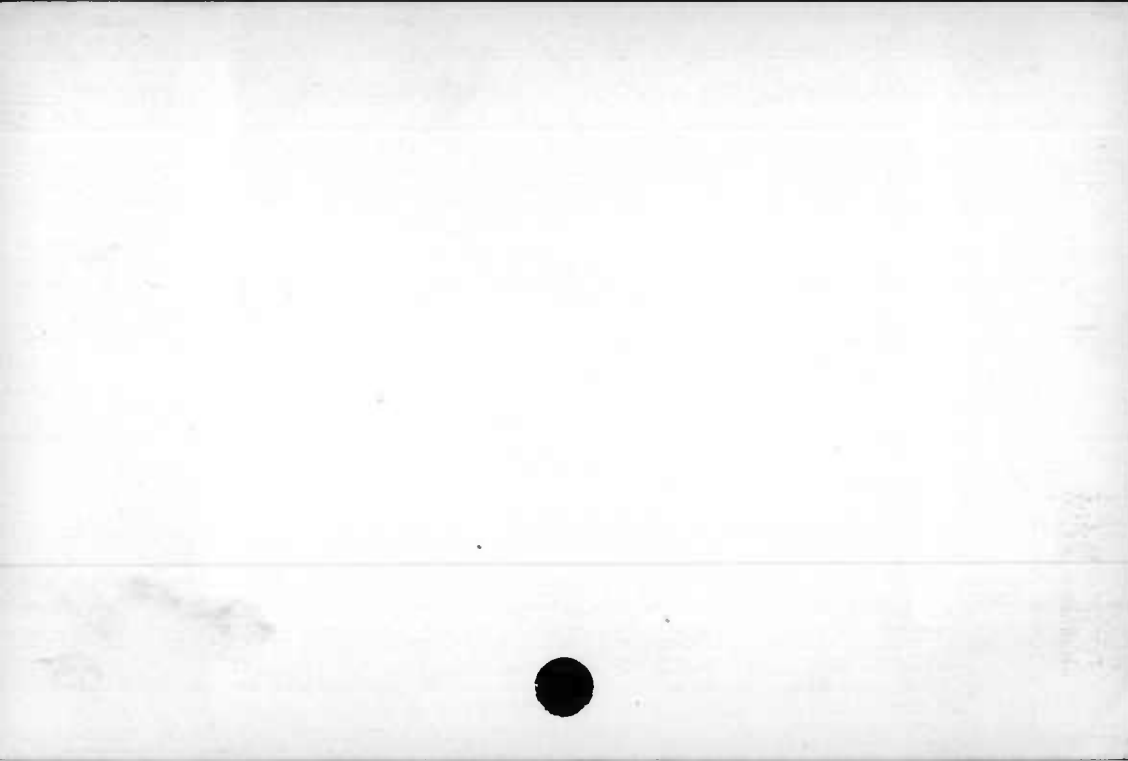
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Herdartown		County Worcester		MARYLAND	
Date of death		1905	Month 8	Day 22	Age Years 73	Months -	Days -
Sex Male		Color or Race White		Birth- place Ind			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Mary Grey			
Father's Name		-		Father's Birthplace		Ind	
Mother's Maiden Name		-		Mother's Birthplace			
Name of person giving In formation		Clarence Grey		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility -	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Physician	Dr Paul Jones
		Address	Snow Hill Ind
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

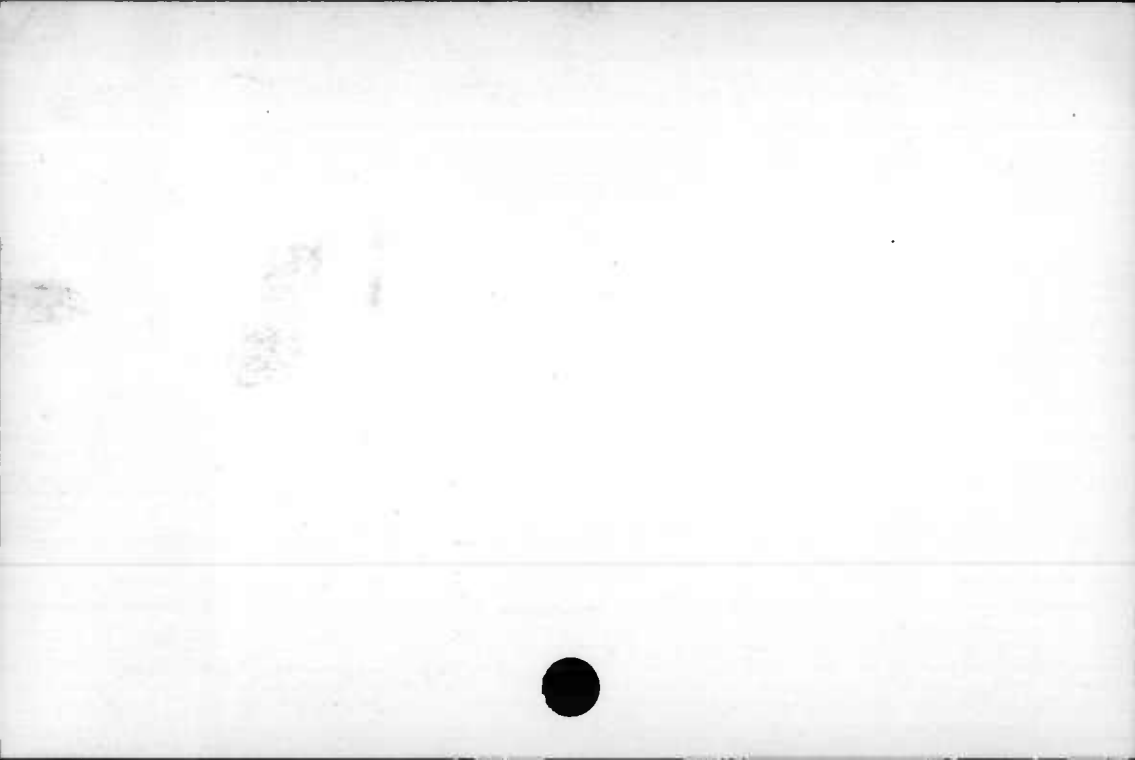
Died at Pocomoke City - Worcester		Town Pocomoke City		County Worcester		State MARYLAND	
Date of death 1905		Month Aug		Day 18		Age —	
Sex Male		Color or Race Coleman		Birth-place Worcester Co		Months —	
Occupation None		Where Residing if not at place of death Pocomoke City -		Years —		Days —	
Married, Single or Widowed Single		Name of Wife or Husband —		Father's Birthplace Worcester Co		Mother's Birthplace Worcester Co	
Father's Name Raybran Gundy S.		Mother's Maiden Name Elonora Ward		Name of person giving information Amanda Manual		How related to deceased —	

Pocomoke City -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born		How long S.	
Immediate —		How long —	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician —	
Address —		Accident or Suicide? —	



Name
in
Full

Levin Holmes

CERTIFICATE OF DEATH

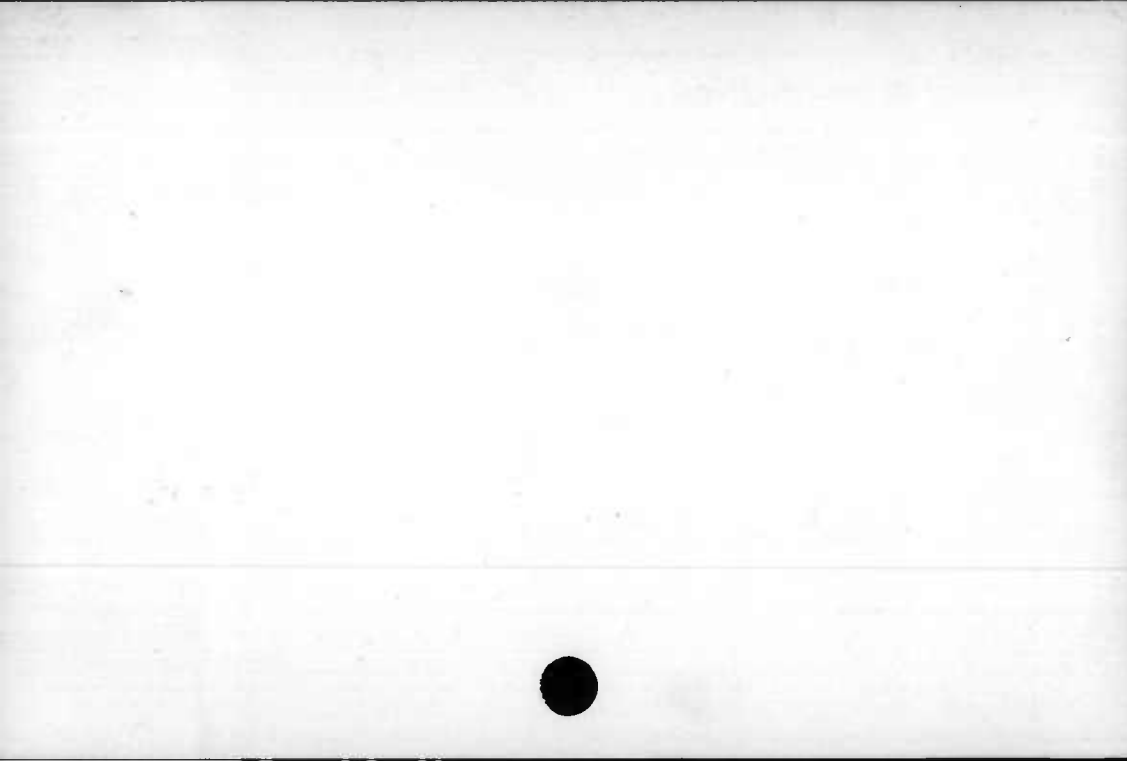
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke city</i>		County <i>Morris</i>		State <i>MARYLAND</i>	
Date of death <i>1905 Aug</i>	Month <i>11</i>	Day <i>11</i>	Age <i>81</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Accomac Co</i>			
Occupation <i>Laborn</i>	Where Residing if not at place of death <i>Pocomoke city</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ann Brown</i>				
Father's Name <i>Jacob Holmes</i>	Father's Birthplace <i>Accomac</i>				
Mother's Maiden Name <i>Eliya Holmes</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Levin Holmes</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Collapse</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel S. Quinn</i>
	Address <i>Pocomoke city Md</i>
Accident or Suicide?	



Name
in
Full

Rosie Effer Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

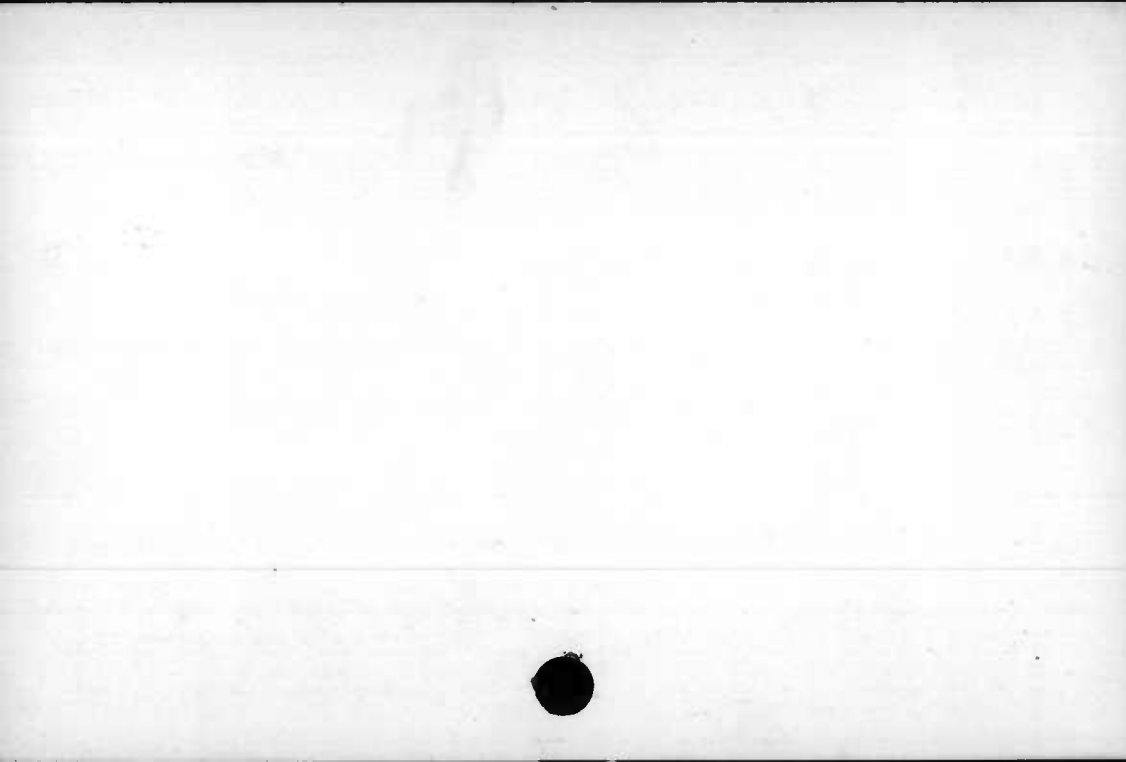
Died at		Town Snow Hill		County		MARYLAND	
Date of death	1905	Month	Aug	Day	14	Age	Years 2 Months 3 Days
Sex	Female		Color or Race	Colored		Birth-place	Ind
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Isaac Harmon					Father's Birthplace	Ind
Mother's Maiden Name	Edith Harmon					Mother's Birthplace	Ind
Name of person giving information	Edith Harmon					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bereaved Friend		How long	2 months
Immediate			How long	3 Day
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	J. S. Williams
			Address	Snow Hill
Accident or Suicide?		No		Ind

105



Name

in
Full

CERTIFICATE OF DEATH

Not Named Hudson (Or Or)

Town

County

MARYLAND

Died at Near Bishopville

Worchester

Date

Month

Day

Years

Months

Days

of death 1905

August

22

Age

By 1000

Hours

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Married, Single
or Widowed

Single

Occupation

None

Name of Wife or
Husband

None

Father's
Name

Joseph H. Hudson

Father's
Birthplace

Maryland

Mother's
Maiden Name

Laura A. Evans

Mother's
Birthplace

Delaware

Name of person giving
Information

Mary M. Hudson

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Diphtheria

How long

4 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

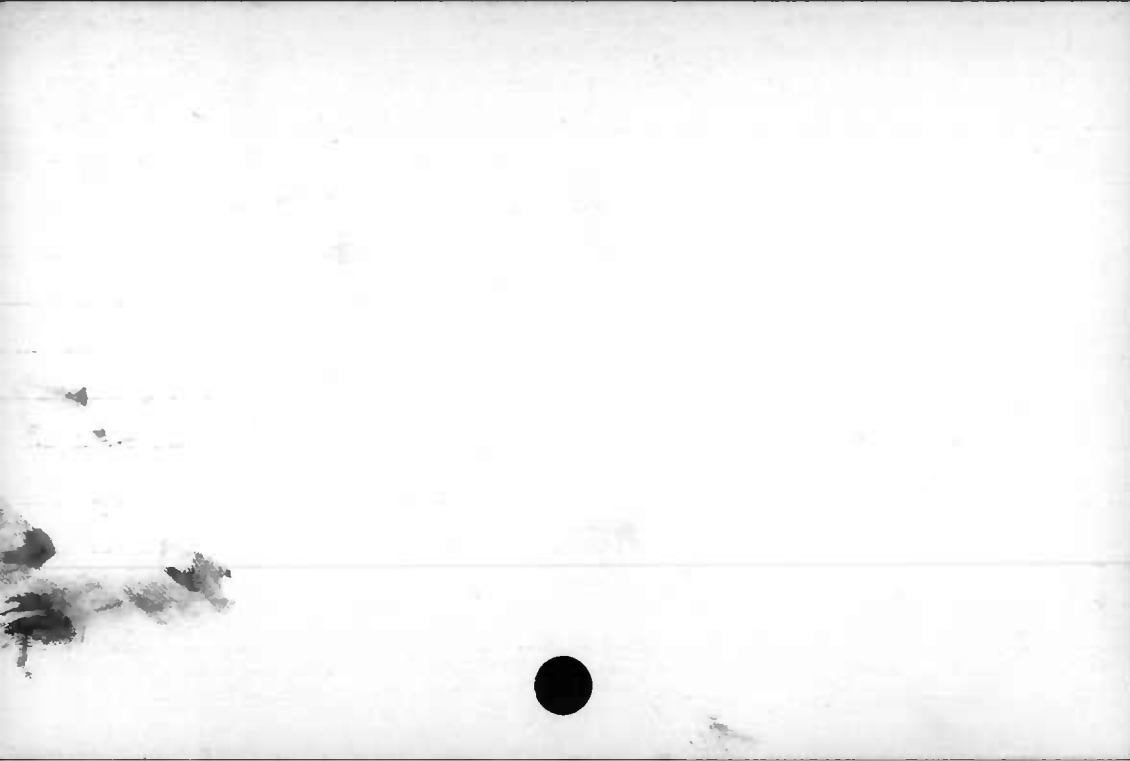
Address

R. P. Gilliam

Bishopville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		BIRTHTHA JACOBS				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Stockton</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND		
	Date of death 190	<u>10</u> <small>Month</small>	<u>8</u> <small>Day</small>	Age	<u>—</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>26</u> <small>Days</small>
	Sex	<u>Female</u>		Color or Race	<u>Black</u>		Birth-place
	Married, Single, or Widowed				Occupation		
	Name of Wife or Husband						
	Father's Name <u>Thomas Jacobs</u>				Father's Birthplace <u>MD</u>		
	Mother's Maiden Name <u>Martha Selby</u>				Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Thomas Jacobs</u>				How related to deceased <u>Father</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<u>Heart failure</u> <u>179</u>		How long <u>2 Months</u>		
	Immediate		<u>Heart failure</u>		How long <u>2</u>		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>Thos. Jacobs</u>			
				Address <u>Stockton MD</u>			
	Accident or Suicide?						



Name In Full

Certificate of Death

John Handy King

Town

County

MARYLAND

Died at

Ocean City

Worcester Co ,

Month

Day

Y.

M.

D.

Native of

Occupation

Data 1905

Aug 12

Age

47 11 14

Maryland

Physician

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Lillie B. King

Wife

Father's

Name

Henry King

Mother's

Maiden Name

Orville A Donohoe

Cause of

Primary

Chr. Interstitial nephritis

How long sick

2 yrs

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

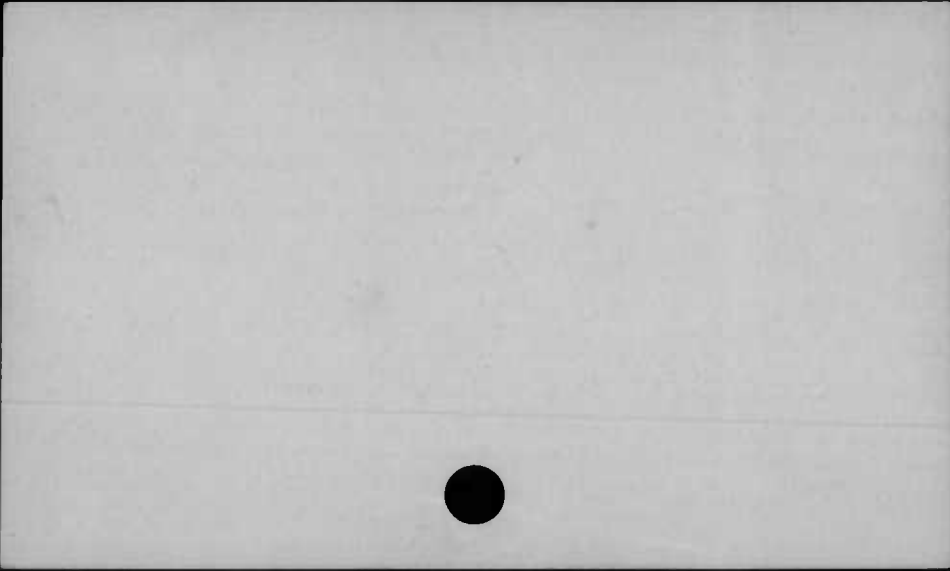
Dr. J. A. Luetscher

Address

Ocean City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Snow Hill*

Town

Worcester

County

Date
of death *1905*Month
*9*Day
3

Age

Years

Months
*8*Days
*6*Sex *male*Color or
Race *White*Birth-
place *Baltimore*Occupation
*✓*Where Residing if not
at place of death
✓~~Married, Single~~
~~or Widowed~~Name of Wife or
Husband
*✓*Father's
Name *Frank Krieger*Father's
Birthplace *Germany*Mother's
Maiden Name *Mary Dubel*Mother's
Birthplace *Germany*Name of person giving
information *Frank Krieger*How related
to deceased *father*

CAUSES OF DEATH

Primary *Marasmus*How long
*✓*Immediate
*✓*How long
*✓*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*U. A. Strong, M.D.
Snow Hill, Md.*Accident or Suicide?
✓

8.0
15.0
15.0

9.50

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stockton</i> Town		County <i>Worcester</i>		MARYLAND	
Date of death 1905	Month <i>Aug</i>	Day <i>14</i>	Age	Months <i>10</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Stockton</i>		
Married, Single or Widowed.			Occupation		
Name of Wife or Husband					
Father's Name <i>James Marshall</i>			Father's Birthplace <i>Stockton</i>		
Mother's Maiden Name <i>Janie Marshall</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>John Greeley</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>4 weeks</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
<i>A. L. Karamovich Feb 9</i>	Address
Accident or Suicide?	



Name
in
Full

Dorothy Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Rly Grange* Town *Worcester* County *Worcester* MARYLAND

Date of death 1903 - *August* Month *21* Day Age *0* ~~#~~ Years Months *7* Days *3*

Sex *Female* Color or Race *Black* Birth-place *Worcester Co Md*

Occupation _____ Where Residing if not at place of death *Worcester Co Md*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

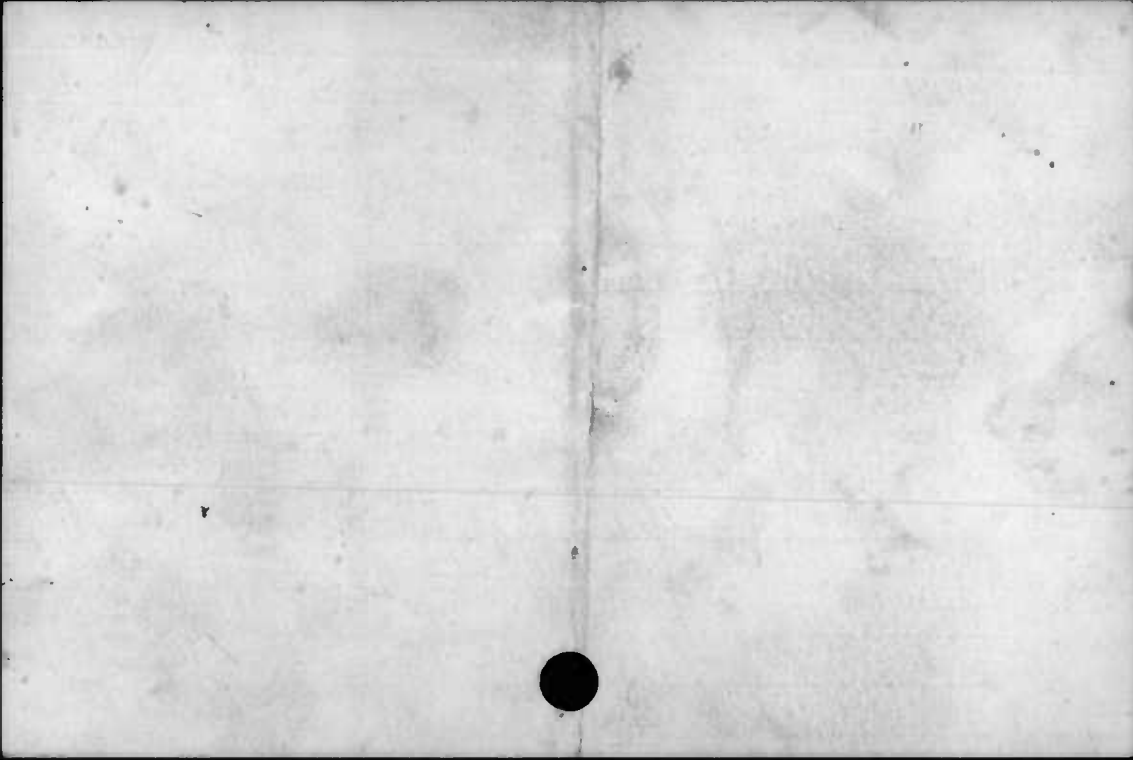
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Isaac Patterson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Portomoke City</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1905	Month	Aug	Day	12
Age	44	Years		Months	
Sex	male	Color or Race	Colored	Birth-place	Portomoke City
Occupation	Infant	Where Residing if not at place of death 11			
Married, Single or Widowed	" "	Name of Wife or Husband			
Father's Name	Wm Patterson			Father's Birthplace	Baltimore
Mother's Maiden Name	Emma Dutton			Mother's Birthplace	Portomoke
Name of person giving information	Hatter James			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>4 Weeks</i>
Immediate	<i>Collapse</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. D. Quinn</i>
		Address	<i>Portomoke City</i> <i>W.D.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

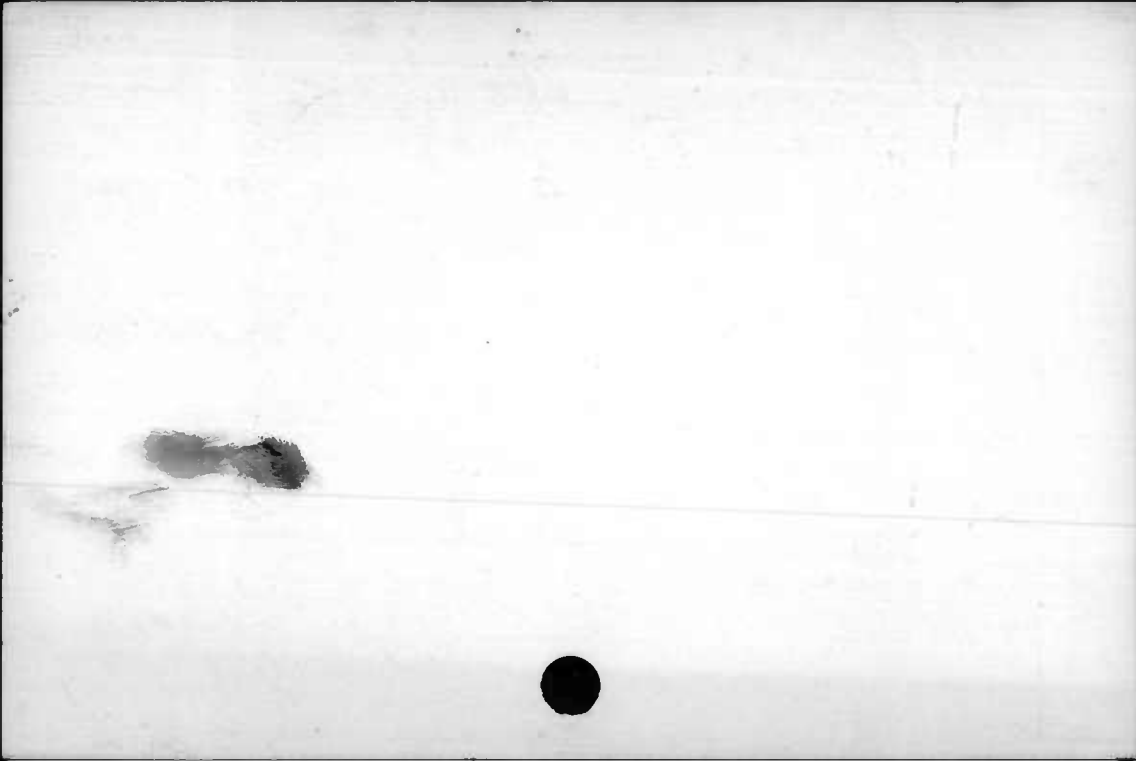
TO BE ANSWERED BY
NEAREST FRIEND

Infant - Smith (M.M.)		County		MARYLAND	
Died near Berlin		Worcester			
Date of death 1905 Aug		Month	Day 7	Age 3 mths	Months
Sex Female		Color or Race white		Birth-place near Berlin	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name S. J. Smith			Father's Birthplace Wor Co		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-enteritis	How long
Immediate	Iles. Colitis	How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician C. W. Drickman
		Address Berlin
Accident or Suicide? —		



Name
in
Full

Julia Ann Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Snow Hill^{County} WorcesterDate of death 1905- ^{Month} Sept^{Day} 26Age ^{Years} 85-^{Months} 8^{Days} -

Sex Female

Color or Race White

Birth-place Wor. Co

Occupation Housewife

Where Residing if not at place of death

Snow Hill Md

Married, Single or Widowed Widow

Name of Wife or Husband

Thos. D. Purnell

Father's Name ~~Matthias~~ Subman Gray

Father's Birthplace - Md

Mother's Maiden Name ~~Unknown~~ Betty Gray

Mother's Birthplace - Md

Name of person giving information Oscar Purnell

How related to deceased Son in law

CAUSES OF DEATH

Primary Old age

How long

(154)

Immediate Natural decline

How long Thos weeks

Are the name, age, sex, color, date and place correctly given above?

yes

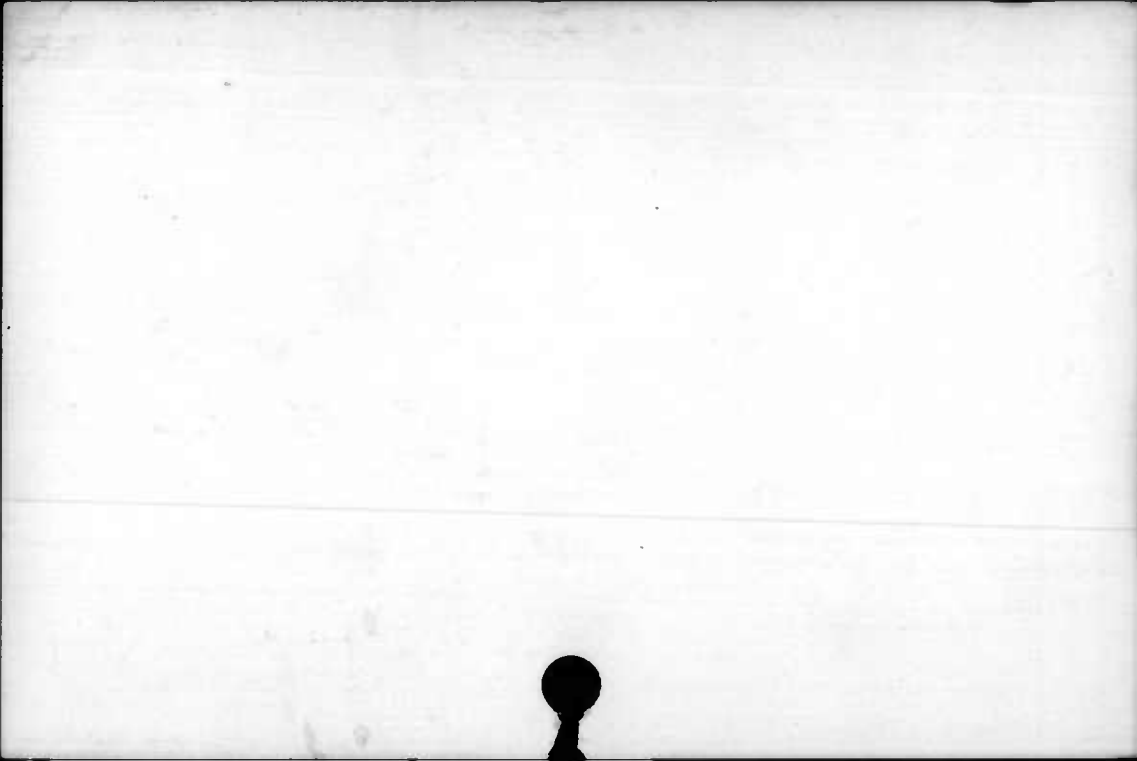
Signature of Physician

Paul Jones

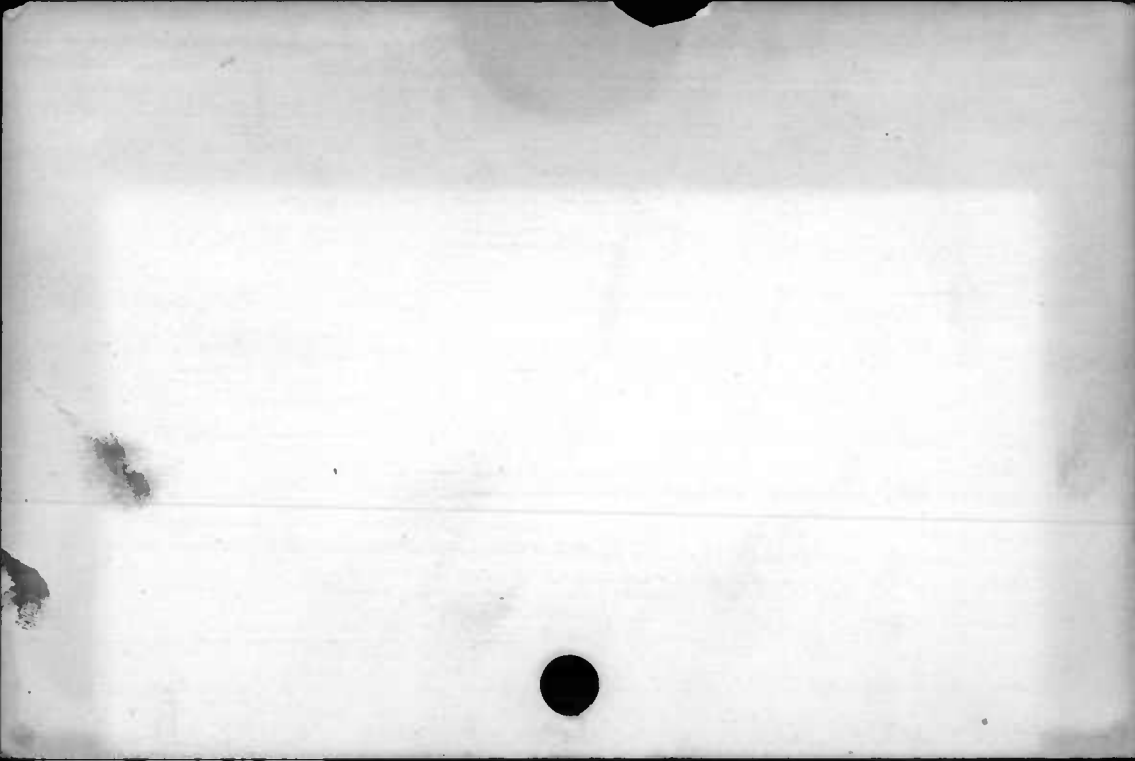
Address

Snow Hill Md

Accident or Suicide? -



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Berlins</i>		County <i>Worcester</i>	
		Town		County	
		Date of death <i>1905 Aug 4</i>		Age <i>1</i>	
		Month <i>Aug</i>		Years <i>1</i>	
		Day <i>4</i>		Months <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name <i>Mary Warner</i>		Mother's Birthplace			
Name of person giving information <i>Johns Spence</i>		How related to deceased			
CAUSES OF DEATH					
Primary		How long <i>79</i>			
Immediate <i>No Dr attendance</i>		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>None in attendance</i>			
<i>L. J. Evans</i>		Address <i>Attended</i>			
Accident or Suicide? <i>Undertaker</i>					



Name In Full

Certificate of Death

E. S. Hammond Wood

Town

County

Died at

Ocean City

Worcester

MARYLAND

Date 19

05

Month

Aug

Day

4

Y.

M.

D.

Age

~~20~~

9

27

Native of

Blenhamtown Pa

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Edw. D. Hammond Wood

Mother's

Maiden Name

Eliq. Kate Hammond

Cause of

Primary

Cholera Infantum

How long sick

1 mo

Death

Immediate

Ashtonia

~~Accident, Suicide, Homicide~~

Reported by

Dr. J. Q. Luetcher

Address

Ocean City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

